



W FEE

THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Luiz R. DUARTE and Roger J. TALISH

Serial No.: 09/928,594

Art Unit: 3737

Filed: August 13, 2001

Examiner: Smith, Ruth S.

For: ULTRASONIC TREATMENT FOR WOUNDS

Attorney Docket No. 41482/261574

MAIL STOP AMENDMENT

Commissioner For Patents

P.O. Box 1450

Alexandria, VA 22313-1450

CERTIFICATE OF MAILING

I hereby certify that this correspondence, along with any paper referred to as being attached or enclosed, is being deposited with the United States Postal Service with sufficient postage as first-class mail in an envelope addressed to the Assistant Commissioner for Patents, Box 1450, Alexandria, VA 22313-1450, on September 28, 2005.

*Gina Hamrick*  
Gina Hamrick

AMENDMENT AND RESPONSE TO FINAL OFFICE ACTION

Sir:

Responsive to the final Office Action dated June 27, 2005, Assignee respectfully submits the following amendments and remarks in connection with the above-identified application. A Request for Continued Examination and fee are concurrently filed with the present amendments and remarks.

Amendments to Claims begin on page 2 of this paper.

Remarks begin on page 5 of this paper.

Conclusion is on page 7 of this paper.

United States Patent and Trademark Office  
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# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

*RCE*

*09928594*

## CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS			
FOR	NUMBER FILED	NUMBER EXTRA	
TOTAL CHARGEABLE CLAIMS	<i>12</i> minus 20 =	<i>2</i>	
INDEPENDENT CLAIMS	<i>3</i> minus 3 =	<i>0</i>	
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>			

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	<i>429-05</i>	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	<i>12</i>	Minus	<i>20</i>	<i>1</i>
	Independent	<i>3</i>	Minus	<i>3</i>	<i>0</i>
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	385.00	OR	BASIC FEE	<del>770.00</del>
XS 9=		OR	XS18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL		OR	TOTAL	<i>770</i>

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
XS 9=		OR	XS18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

*RCE AMDT 10/3/05*

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	<i>14</i>	Minus	<i>20</i>	<i>1</i>
	Independent	<i>4</i>	Minus	<i>3</i>	<i>4</i>
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
XS 9=		OR	XS18=	
X43=		OR	X86=	<i>200</i>
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	<i>200</i>

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total		Minus		
	Independent		Minus		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
XS 9=		OR	XS18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.